For Official Use Only Date Paid ____ Pmt type ____ Amt ___ Initials ____

CITY OF JACKSONVILLE

320 Church Ave SE Jacksonville, AL 36265-2651 (256) 435-7611 Fax (256) 435-4103

For Ot	fficial Use Only	
Customer#	712	
NAICS	71119	
License#		

E-mail Address

		Schedule CIR 7	712	
Business Name		Notice:		
Mailing Address		business license	If you are required to have a State of Alabama professional or business license to operate this business, you MUST present a copy of your current State license with this application BEFORE the license will be issued. Drivers License or Other ID will be required on all new businesses unless incorporated and verifiable with the State of Alabama	
City, State & Zip				
FEIN #				
engaging in business activiti monthly interest as set by Co Each person or entity classif	es will r ode of A ied as C I	esult in penalties. Late Per labama if over 30 days late		
schedule. # of Weeks				
Fee based on above sched	ule(a)	\$	Owner or Authorized Representative Signature	
Penalty (if applicable)	(b)	\$	Please Print Name	
Interest (if applicable)	(c)	\$		
Issuance Fee	(d)	\$12.00	Physical Address	
			City, State & Zip Code	
TOTAL (a+b+c+d)		\$	Telephone Number/Fax Number	